

FILED JUN 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16082

BIRTH NO. _____		REG. DIST. NO. 231		PRIMARY REG. DIST. NO. 4346		Registrar's No. 12			
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Montgomery</u>		c. LENGTH OF STAY (In this place) <u>18 yrs.</u>		c. CITY OR TOWN <u>Montgomery City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2</u>				e. STREET ADDRESS (If rural, give location) <u>0700</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Aggie</u>		b. (Middle) _____		c. (Last) <u>Viley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 28, 1955</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 6, 1889</u>			
9. AGE (In years last birthday) <u>66</u>		10. AGE (In years last birthday) <u>89</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sturgeon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		13a. FATHER'S NAME <u>Joseph Ritchie</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie (Unknown)</u>			
13c. NAME OF HUSBAND OR WIFE <u>None</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie Robbs</u>		ADDRESS <u>Montgomery City, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u> <u>Primary Carcinoma of uterus</u> <u>Myxomatous Cardiac Disease</u> <u>Chronic Myocarditis</u> <u>Arteriosclerosis</u> <u>Secondary Anemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>M</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Montgomery City, Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>2-7, 1935</u> to <u>5-28, 1955</u> , that I last saw the deceased alive on <u>5-27, 1955</u> , and that death occurred at <u>12:30 p.m.</u> from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>E. L. V. Andersen, M.D.</u>			
23b. ADDRESS <u>Montgomery City, Mo.</u>		23c. DATE SIGNED <u>5/28/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 30, 1955</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Montgomery City, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schlueter Funeral Home</u>		ADDRESS <u>Montgomery City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-6-55</u>		REGISTRAR'S SIGNATURE <u>Aggie Viley</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>Schlueter Funeral Home</u>		ADDRESS <u>Montgomery City, Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.